

# **EDUCATION REFORM SURVEY**

**KRISTY PENNER  
APRIL 21, 2023  
RURAL AND REMOTE**

# WHO RESPONDED?

Learner (Medical Student / Resident)

Total members = 1312 Students, 386 Residents

30%

Physician

Total physician members = 614

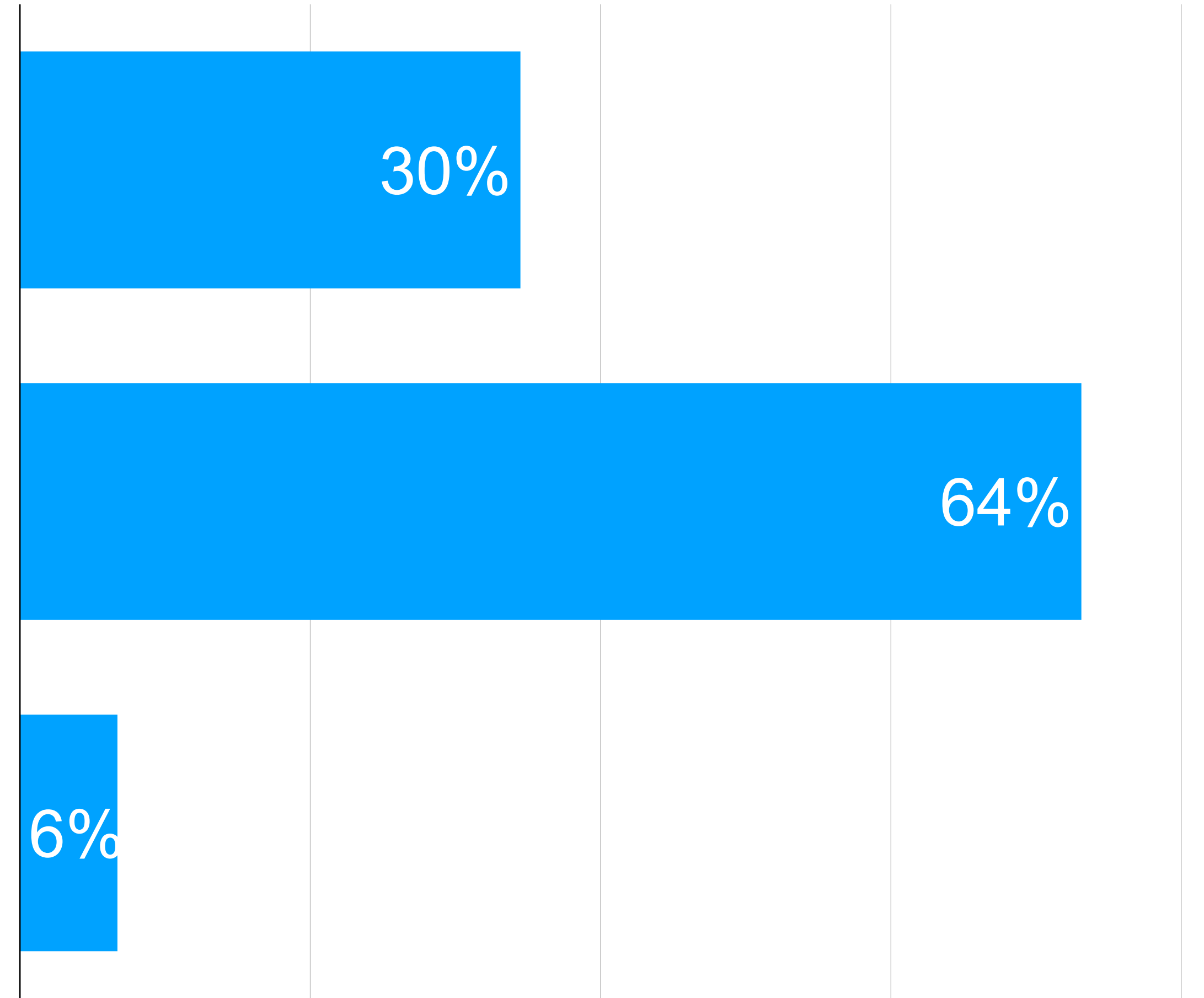
64%

Other (please specify)

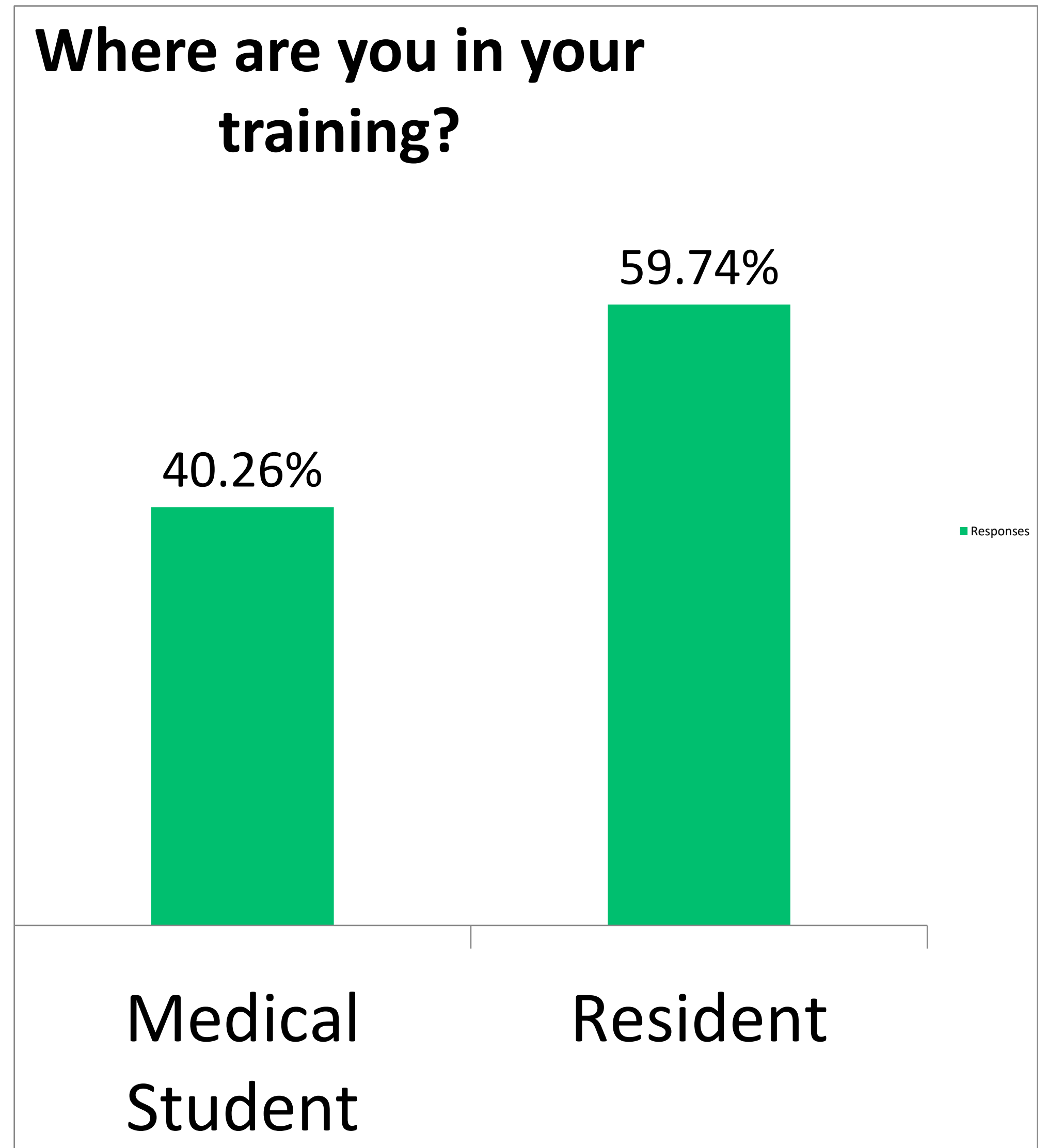
6%

Response rate learners = 6.4 %  
Response rate physicians = 37.3 %

0.00% 17.50% 35.00% 52.50% 70.00%



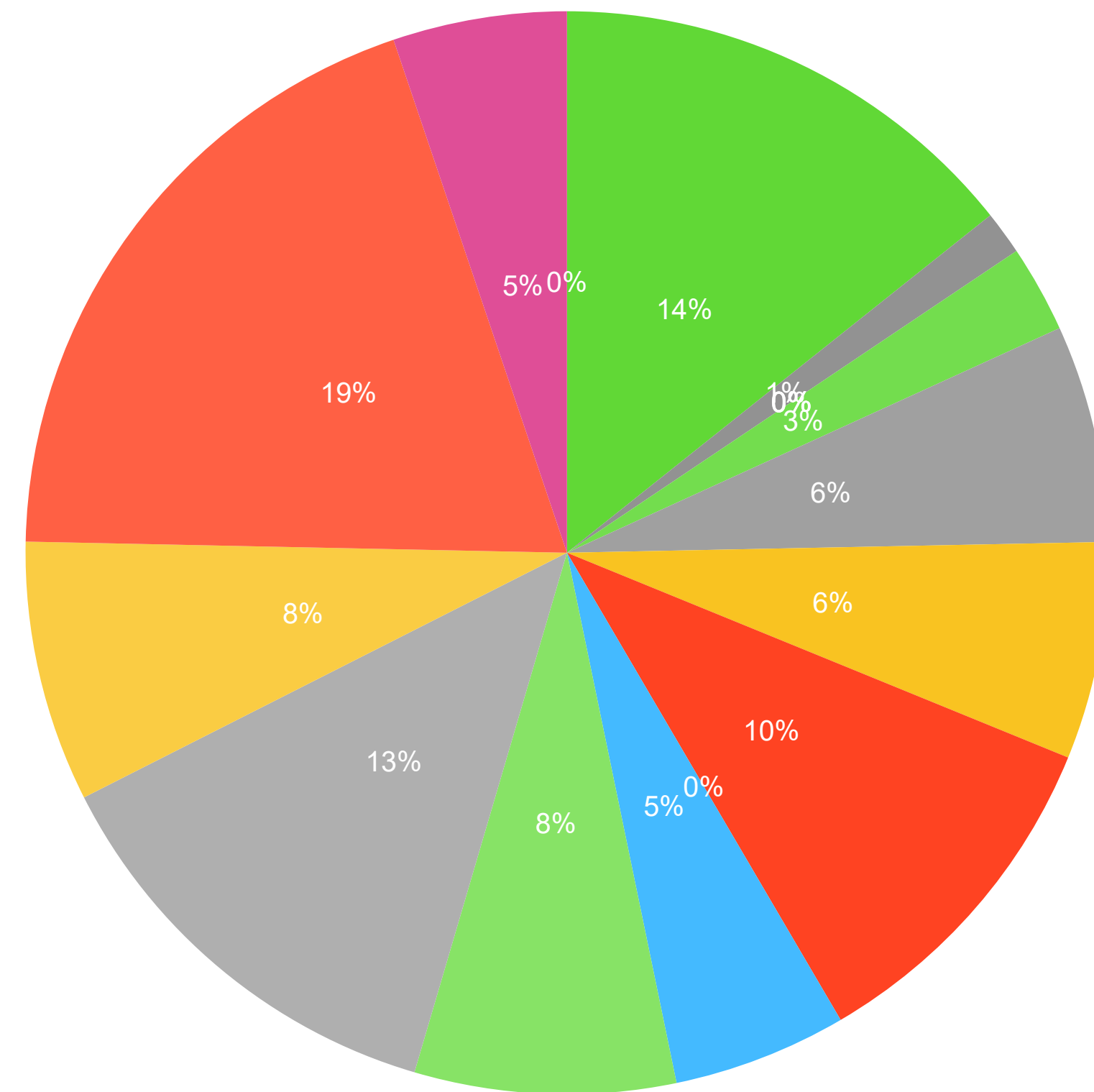
# MEDICAL LEARNERS



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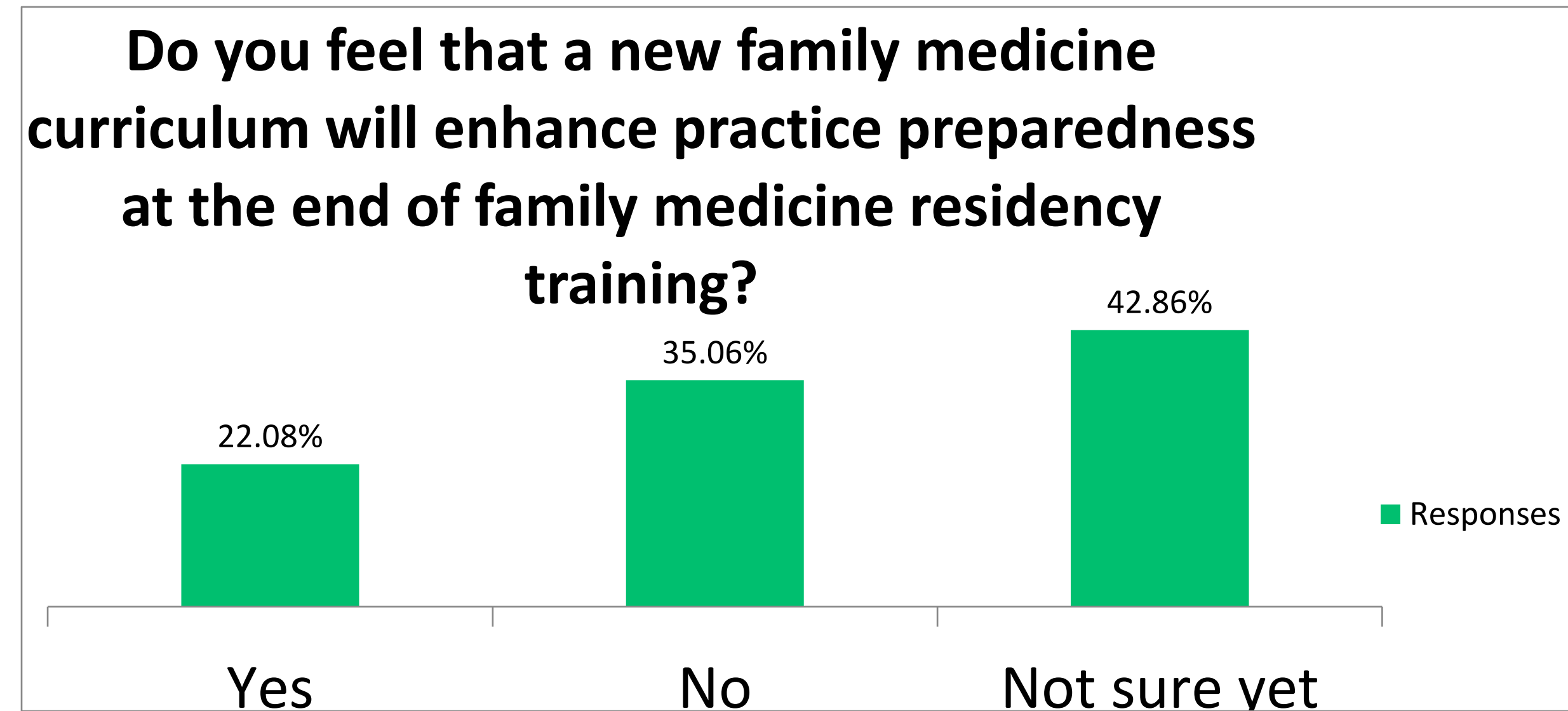
## WHERE ARE THEY FROM?

- Memorial University of Newfoundland 0%
- Dalhousie University 14 %
- Université Laval 1 %
- Université de Sherbrooke 0%
- Université de Montréal 0%
- McGill University 0%
- University of Ottawa 0%
- Queen's University 2.6 %
- NOSM University 6.5%
- University of Toronto 6.5%
- McMaster University 10 %
- Western University 0%
- University of Manitoba 5%
- University of Saskatchewan 8 %
- University of Alberta 13 %
- University of Calgary 8 %
- University of British Columbia 19 %
- Other (please specify) 5%



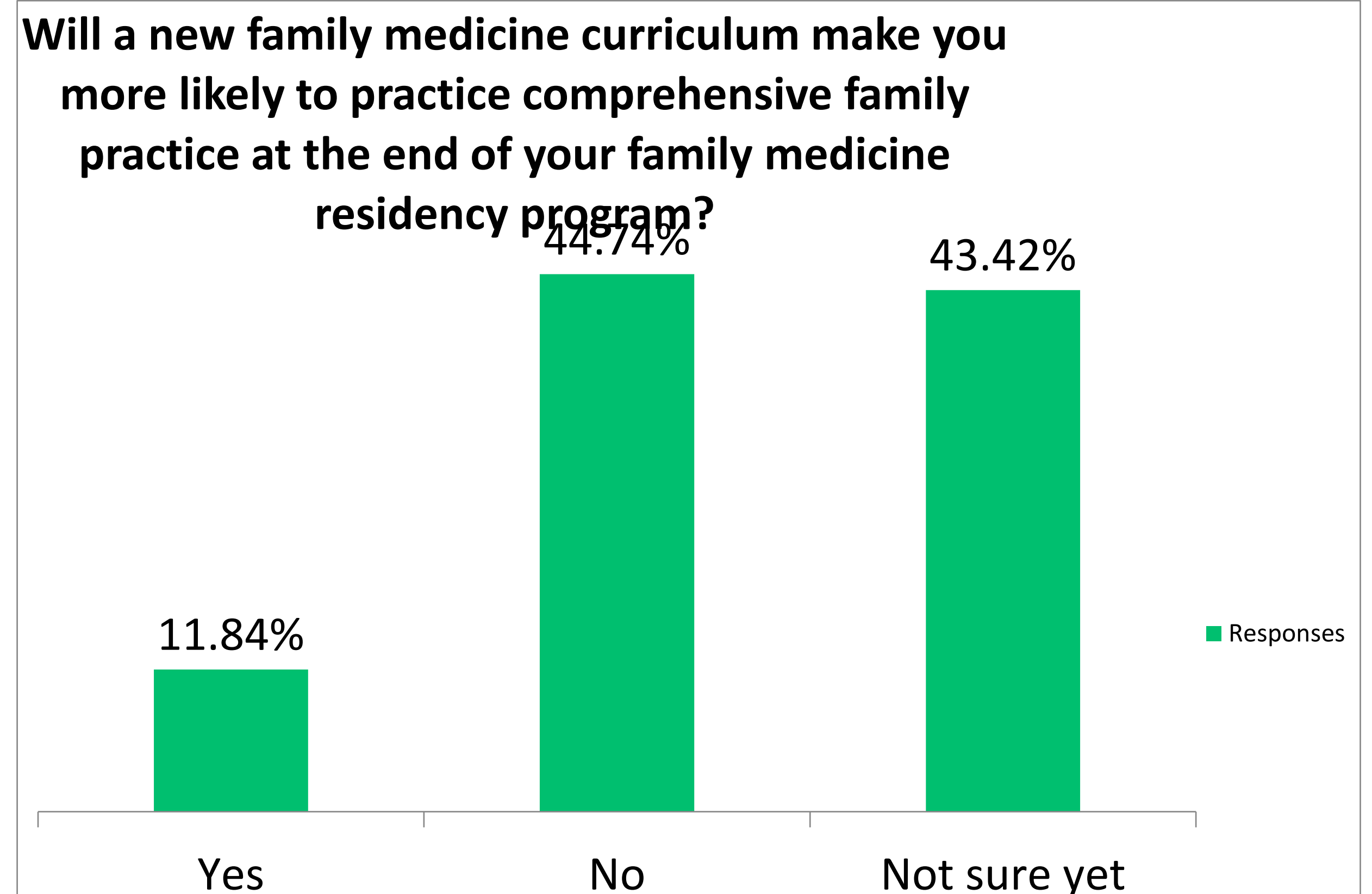
# LEARNERS THOUGHTS

## PRACTICE PREPAREDNESS



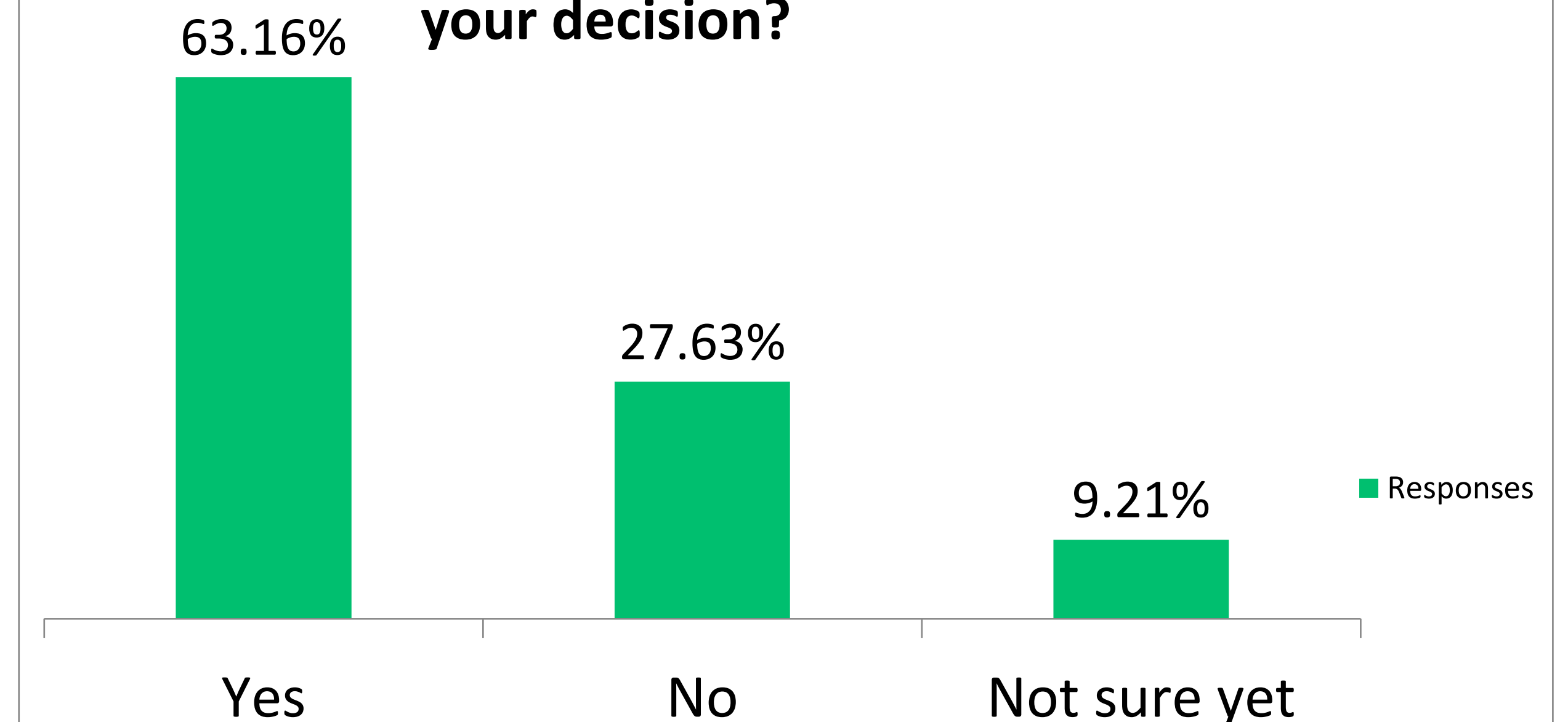
# LEARNER RESPONSE

## COMPREHENSIVE FAMILY PRACTICE



# LEARNER RESPONSE

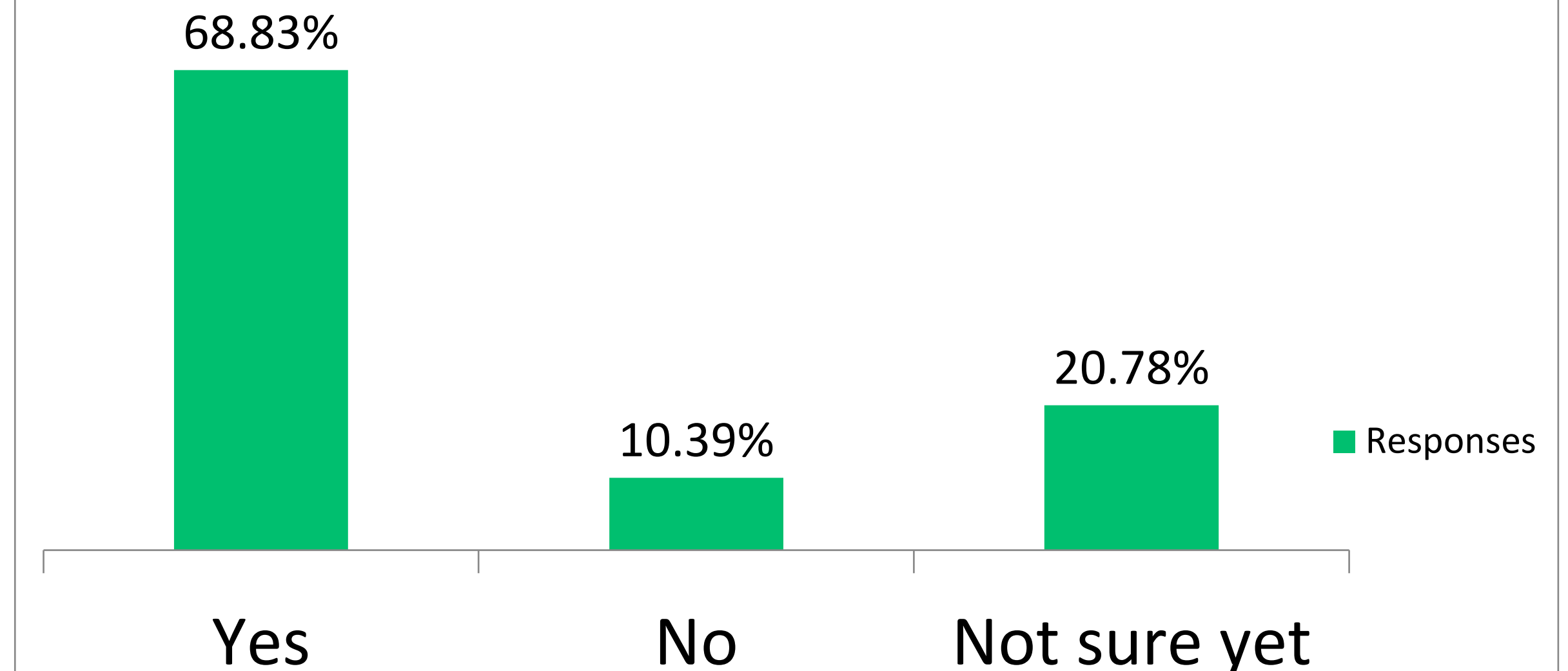
Will the extension of family medicine training to three years affect your choice in a family medicine residency program? If you are a resident, would this situation have affected your decision?



# LEARNER RESPONSE

EFFECT ON CERTIFICATES OF ADDED COMPETENCY  
(CAC)

**Will the extension of the family  
medicine training program to three years  
affect your choice in enhanced skills  
training or Certificate of Added  
Competency? If you are a resident,  
would this situation have affected your  
decision?**





# LEARNER RESPONSES NARRATIVES AND THEMES

IMPROVED REMUNERATION

PRACTICE REFORM

INCREASED EXPOSURE TO FP  
IN MEDICAL SCHOOL

What can be added to education reform in Family Medicine to make future medical students more interested in pursuing a three-year family medicine training?

# **LEARNER RESPONSES NARRATIVES/THEMES**

**STANDARDIZED TRANSITION TO  
PRACTICE**

**FLEXIBILITY IN CURRICULUM TO  
DESIGN AROUND LEARNER AND  
COMMUNITY NEEDS**

**POSSIBILITY OF REDUCING CAC  
OPTIONS WHILE EXPANDING  
FPS AS GENERALISTS**

What can be added to education reform in Family Medicine to make future medical students more interested in pursuing a three-year family medicine training?

# LEARNER RESPONSES NARRATIVES/THEMES

## THE SCEPTICS

LENGTHENING RESIDENCY WILL  
PUSH PEOPLE TOWARDS  
SPECIALITY

CONCERNS RE: PRECEPTOR  
AVAILABILITY AND TRAINING BY  
NON-FP

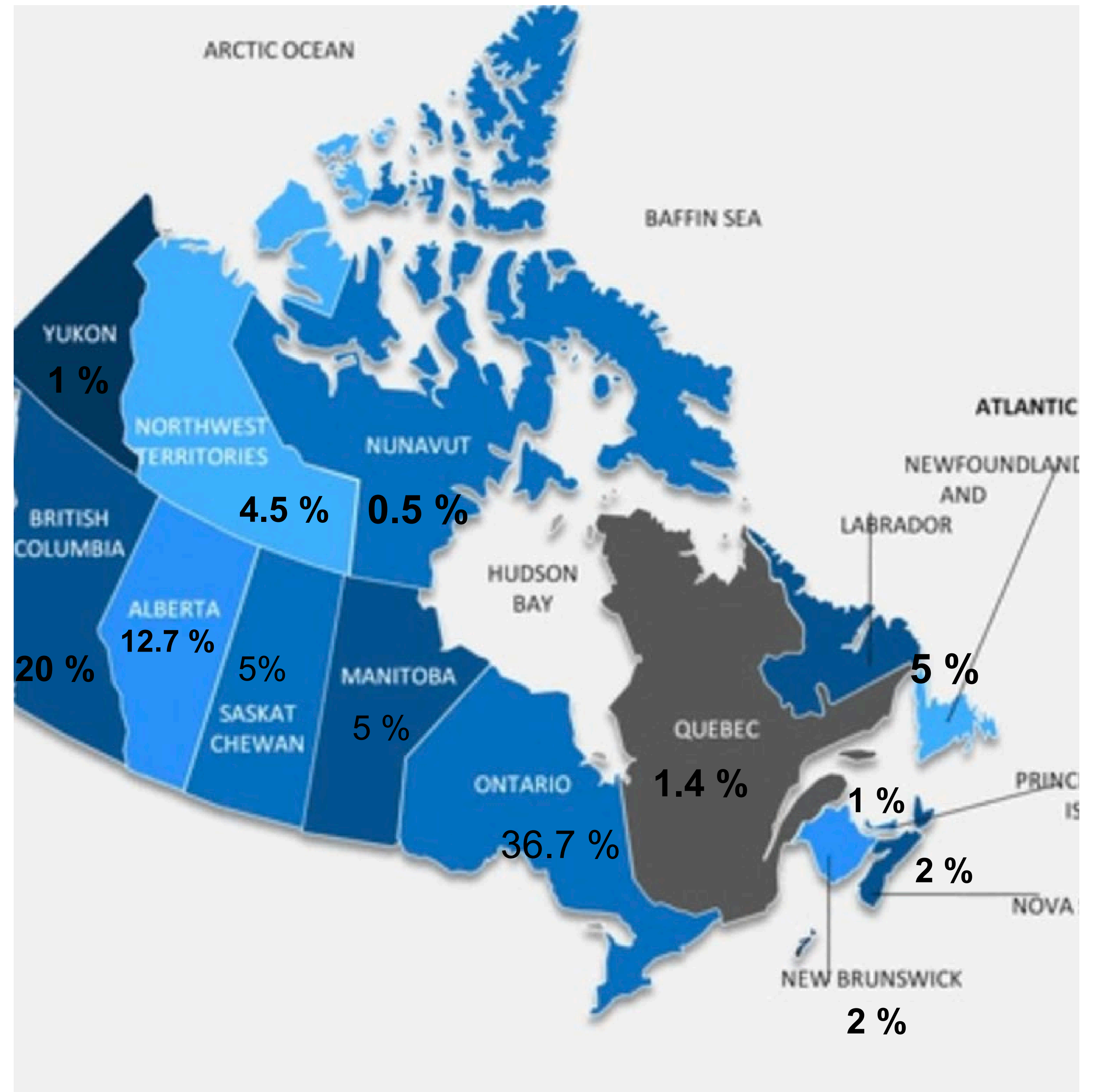
What can be added  
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# PHYSICIAN RESPONSES

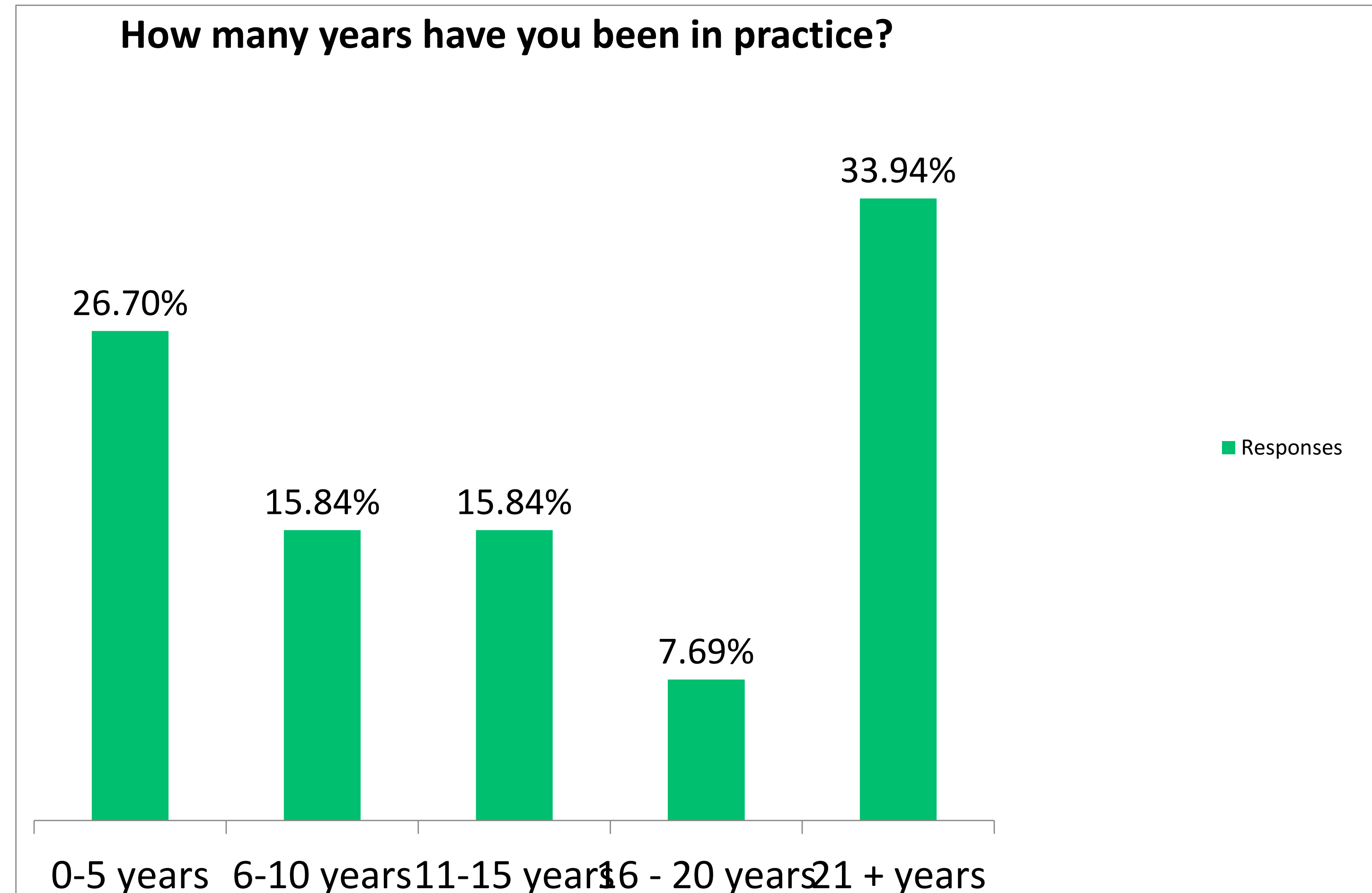
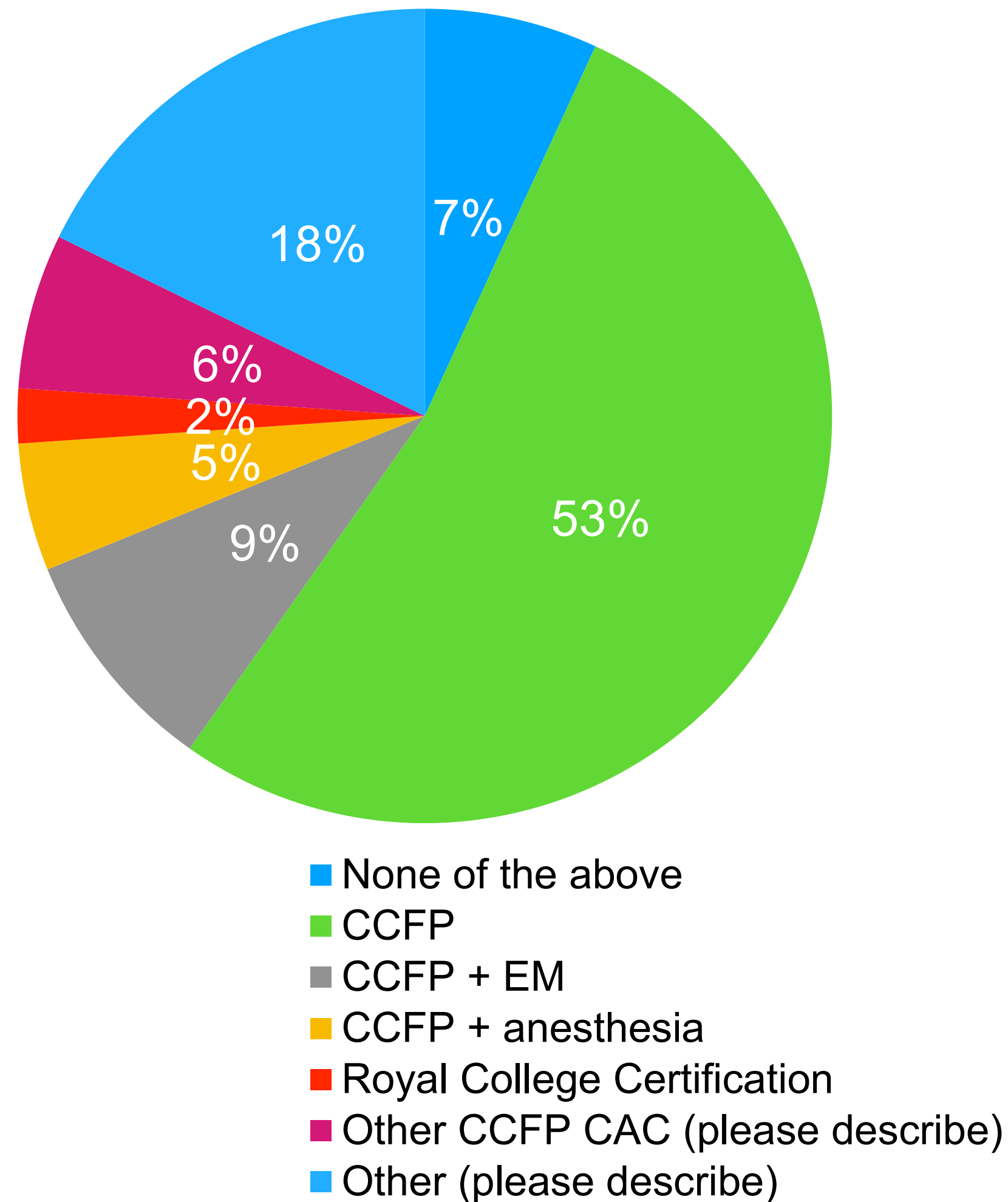
## WHERE DO PEOPLE PRACTICE?

Alberta	12.67%
British Columbia	19.91%
Manitoba	4.52%
New Brunswick	1.81%
Newfoundland and Labrador	4.52%
Northwest Territories	5.43%
Nova Scotia	2.26%
Nunavut	0.45%
Ontario	36.65%
Prince Edward Island	0.90%
Quebec	1.36%
Saskatchewan	4.98%
Yukon	0.90%
Other (please specify)	3.62%



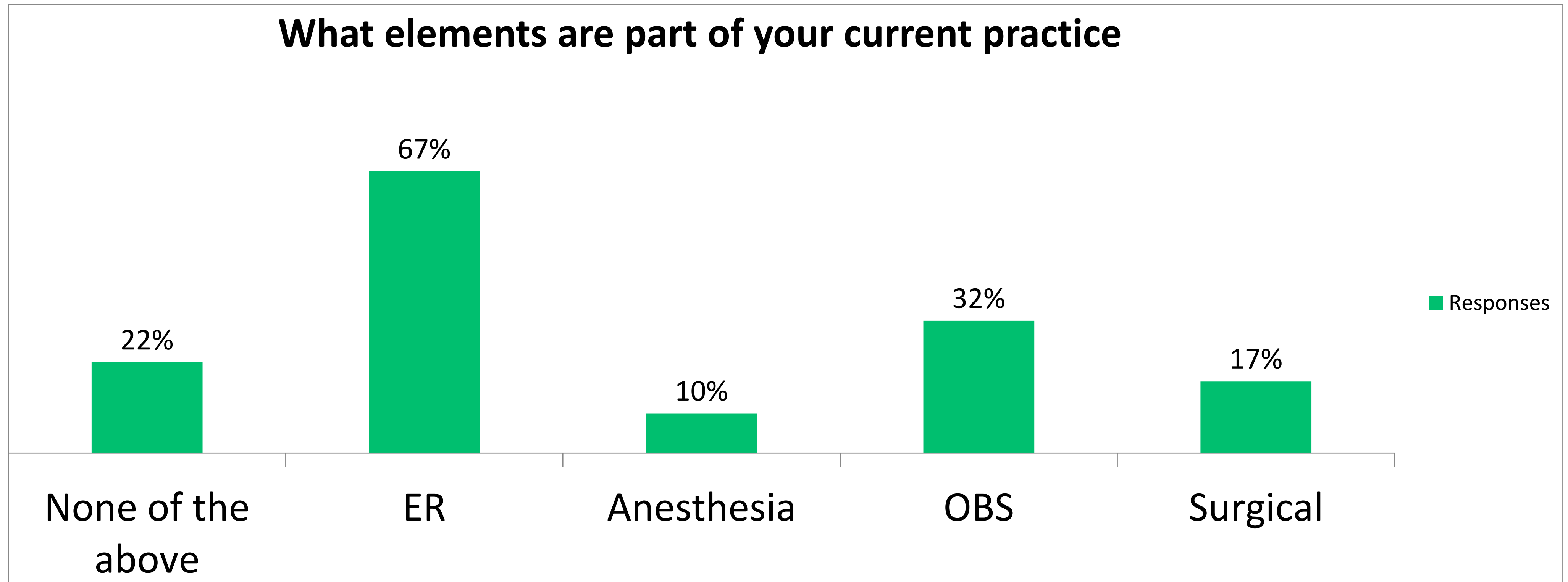
# PHYSICIAN RESPONSES

## WHO ARE THE PHYSICIANS



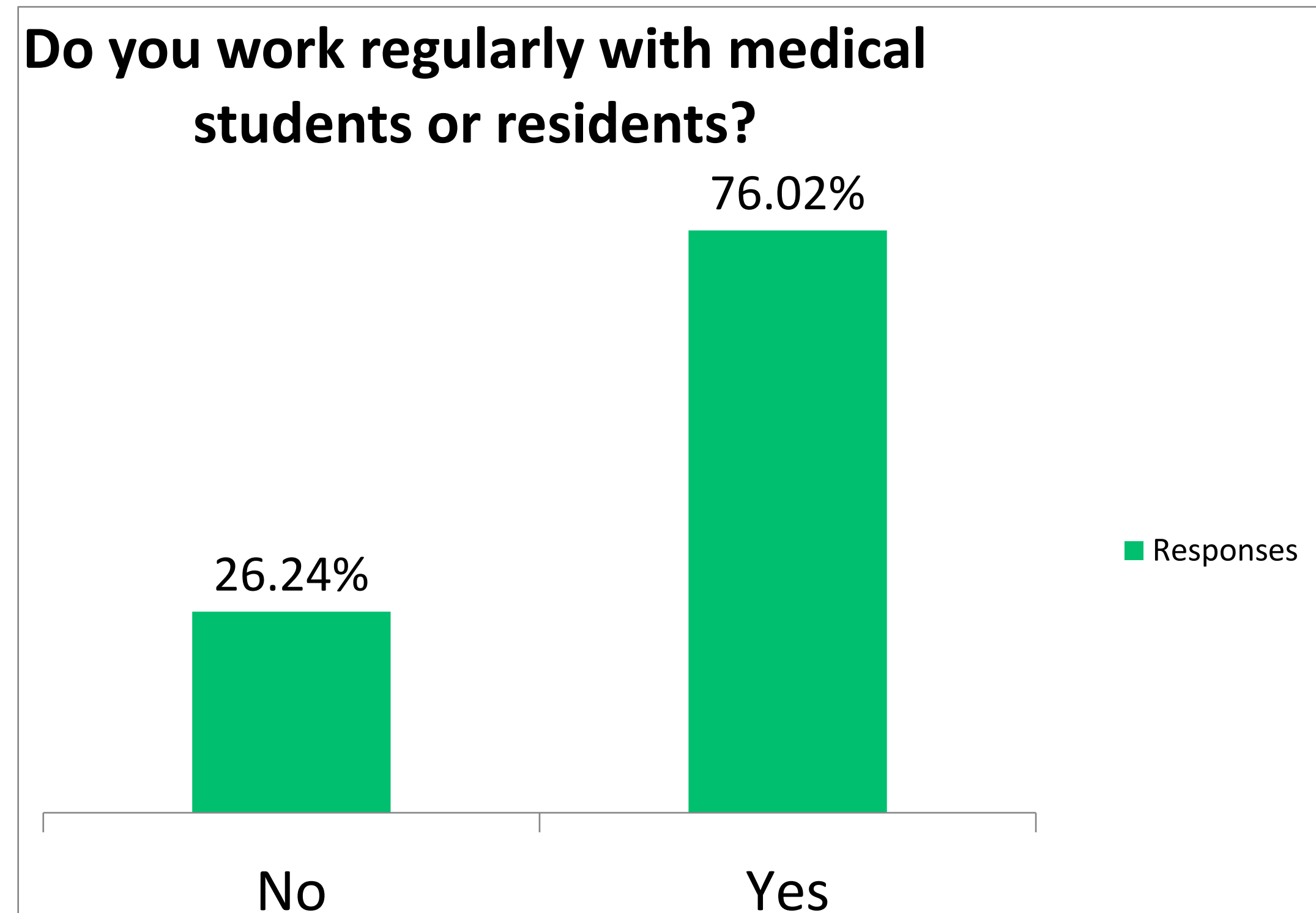
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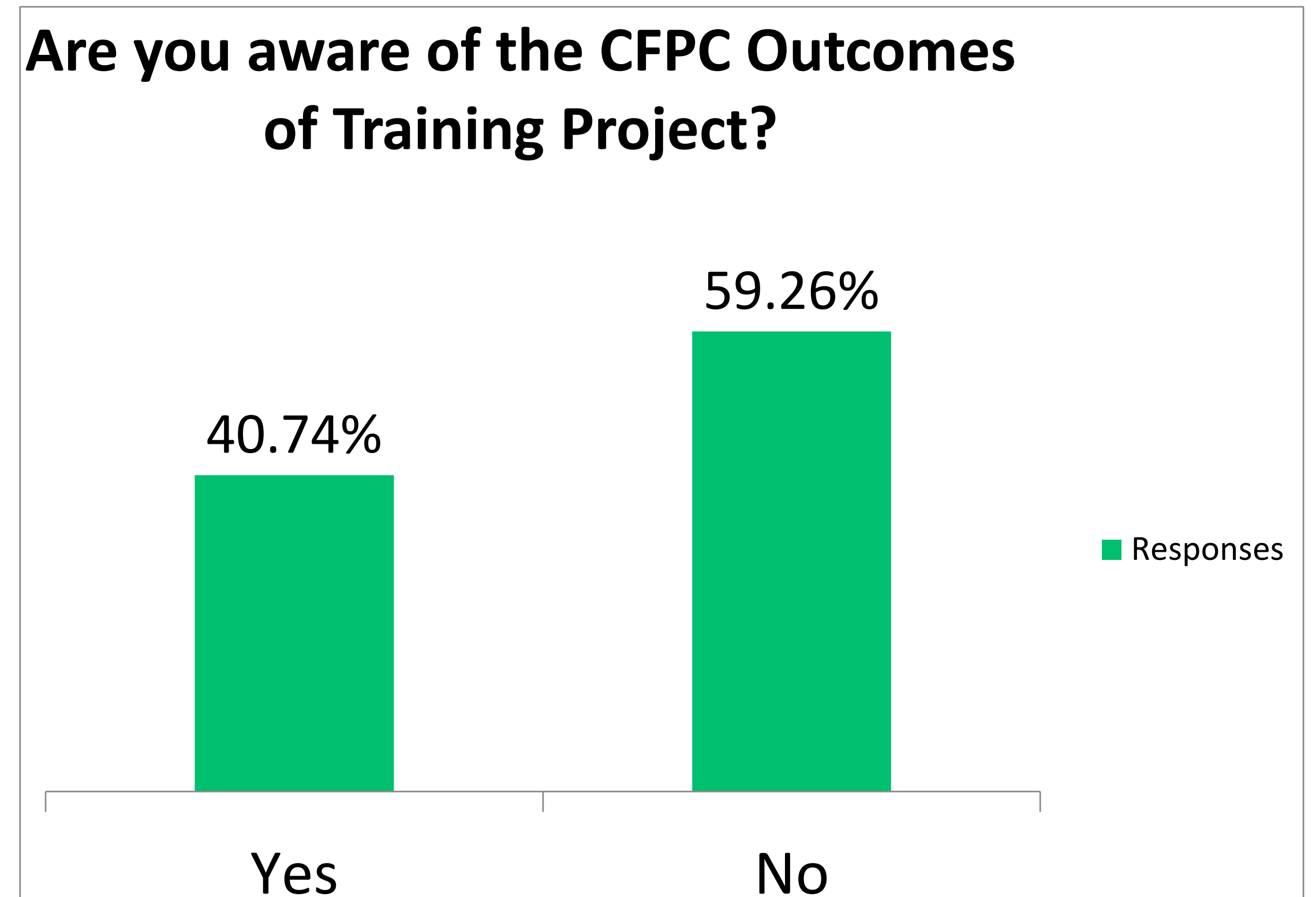
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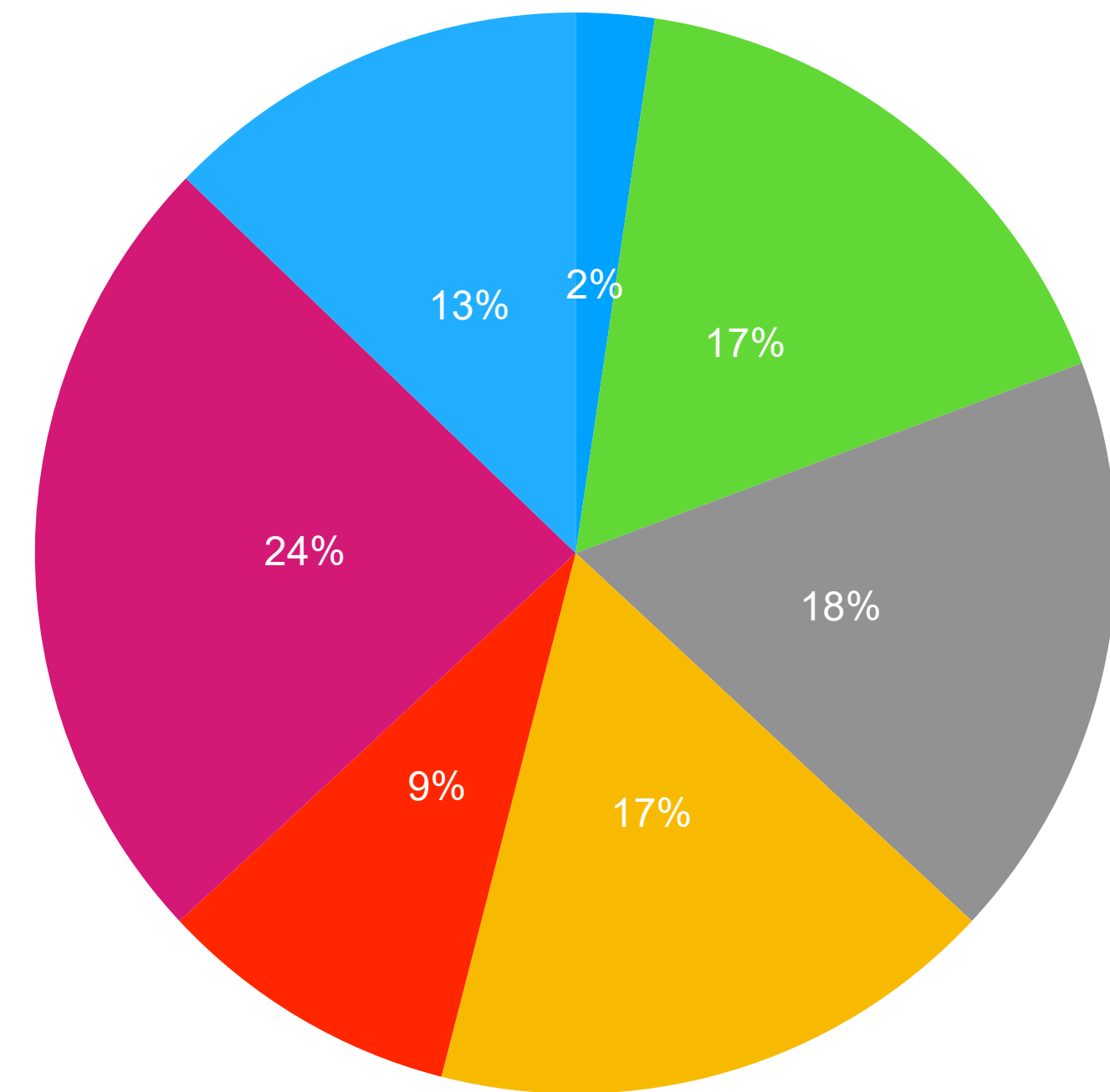
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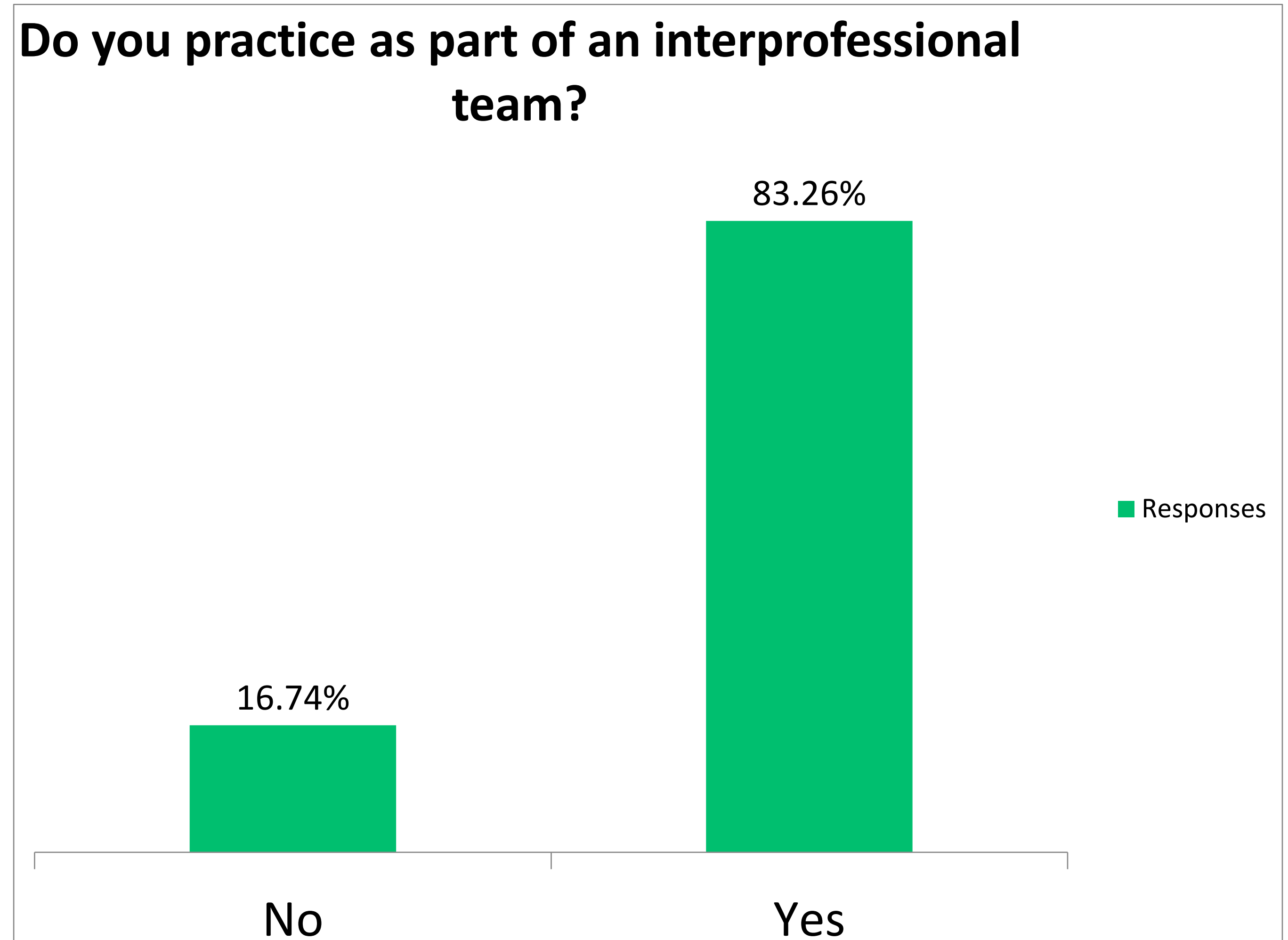
WHAT AREAS OF THE CFPC EDUCATION REFORM PRIORITY SOCIAL NEEDS ARE PART OF YOUR CURRENT PRACTICE?

- None of the above
- Home and Long Term Care
- Addiction and Mental Health
- Indigenous Health
- Health Equity and Anti-Racist Practice
- ER and Acute Care
- Virtual Care and Informatics



# PHYSICIAN RESPONSES

DO YOU PRACTICE AS PART OF AN INTERPROFESSIONAL TEAM?



## **BENEFITS TO RURAL FAMILY MEDICINE FROM EDUCATION REFORM**

- **FOCUS ON GENERALISM AND  
COMPREHENSIVENESS**
- **GRADS WHO HAVE MORE  
SKILLS TO WORK  
RURAL/REMOTE**
- **GRADS WHO CAN LEAD  
TEAMS**

**Do you have any ideas on how we can tailor this education reform in Family Medicine to benefit rural and remote medicine and communities?**

**Themes about curriculum priorities**

- Increased time training in rural and remote communities
- Mandatory rural and remote training
- More time training in critical care
- Focus on maternity and intrapartum care
- Time to work on procedural skills, airway management skills

**Do you have any ideas on how we can tailor this education reform in Family Medicine to benefit rural and remote medicine and communities?**

**Themes about social accountability**

- more emphasis and appreciation of the diversity of Canada's communities and the major contribution rural Canada
- Required exposure to rural practice and indigenous medicine
- Teach both medical students and experienced physicians (through continuing education) about the revitalized NRRR benefits, and how they can really make a difference to a community in need. Physicians can also act as advocates for other services, care and infrastructure. For example, a Physician could be a rural town's advocate for being connected to high-speed internet fibre.

**Do you have any ideas on how we can tailor this education reform in Family Medicine to benefit rural and remote medicine and communities?**

**Themes about practice preparedness**

- Increasing responsibility as training progresses
- Just get them to spend longer in family med practices, under a mentor, progressing towards full independence and “expertness”
- Formal mentorship as part of the third year
- Tailor some time in third year to intended community of practice
- Provide opportunities to have well supported experiences in rural and remote communities
- R3 - higher paid, independent working year with mentorship and support

## **What resources will help faculties, the SRPC and CFPC move forward on education reform?**

- Educational infrastructure
- Educational financial resources
- Preceptor engagement and increase in preceptor capacity



# What concerns do you have about education reform the impact for rural family medicine training?

- Less interest in FM as a speciality; extending FM training won't help
- Does not address how to incentivize rural FM and improved work life balance for rural FM
- Delay in graduates when new curriculum is implemented
- Does not address the need for clinical courage to practice rural and remote medicine
- Preceptor capacity
- May push learners towards other Royal College specialities
- May put rural and remote OR and OB programs at risk

# Other themes identified

- Selection process for medical school to improve FM recruitment and rural and remote recruitment
- Hidden curriculum in medical school and residency towards specialities and urban based practice
- Desire to have rural medicine CAC/independent college in Canada